

## Electronic Patent Application Fee Transmittal

| Application Number:                      | 10001643                       |   |        |                      |
|--|--------------------------------|---|--------|----------------------|
| Filing Date:                             | 31-Oct-2001                    |   |        |                      |
| Title of Invention:                      |                                | In vivo multiphoton diagnostic detection and imaging of a neurodegenerative disease |        |                      |
| First Named Inventor/Applicant Name:     | Bradley T. Hyman               |   |        |                      |
| Filer:                                   | Michael L. Goldman/Wendy Barry |   |        |                      |
| Attorney Docket Number:                  | 19603/3541 (CRF D-2694A)       |   |        |                      |
| Filed as Small Entity                    |                                |   |        |                      |
| <b>Utility Filing Fees</b>               |                                |   |        |                      |
| Description                              | Fee Code                       | Quantity  | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                     |                                |   |        |                      |
| <b>Pages:</b>                            |                                |   |        |                      |
| <b>Claims:</b>                           |                                |   |        |                      |
| <b>Miscellaneous-Filing:</b>             |                                |   |        |                      |
| <b>Petition:</b>                         |                                |   |        |                      |
| <b>Patent-Appeals-and-Interference:</b>  |                                |   |        |                      |
| Notice of appeal                         | 2401                           | 1   | 255    | 255                  |
| <b>Post-Allowance-and-Post-Issuance:</b> |                                |   |        |                      |
| <b>Extension-of-Time:</b>                |                                |   |        |                      |

| Description                        | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|------------------------------------|----------|----------|--------|----------------------|
| Extension - 3 months with \$0 paid | 2253     | 1        | 525    | 525                  |
| <b>Miscellaneous:</b>              |          |          |        |                      |
| <b>Total in USD (\$)</b>           |          |          |        | <b>780</b>           |